PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

07/27/2006

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

001059

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required, Blocks 1 through 5 should be completed when supporting at all interthe correspondence including the Pattent, advance orders and notification or maintenance fees will be made to the current correspondence address; indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" from maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.

001059	7590 07/2	/2006							
BERESKIN AN 40 KING STREE BOX 401 TORONTO, ON	T WEST			1 b Sta add trai	creby certify that the tes Postal Service varies and to the Mai asmitted to the USP	nis Fee(with sur I Stop TO (57	e of Mailing or Transi s) Transmittal is being flicient postage for firs ISSUE FEE address '1) 273-2885, on the da	deposited with the United t class mail in an envelope above, or being facsimilate indicated below.	
CANADA	MISTESTE		_				(Depositor's name)		
								(Signature)	
								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO		CONFIRMATION NO.	
10/725,546	6 12/03/2003			Grant McArthur			9351-215 4009		
TITLE OF INVENTION: BY FUEL CELL POWER		HOD I	FOR ENABLING	THE REAL TIME BUY	ING AND SELLIN	IG OF	ELECTRICITY GENI	RATED .	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1400	\$300	\$0		\$1700	10/27/2006	
EXAMINER			ART UNIT	CLASS-SUBCLASS					
KALAFUT, S	KALAFUT, STEPHEN J		1745	429-012000					
1. Change of corresponder CFR 1.363).	nce address or indicatio	ee Address" (37	2. For printing on the patent front page, list Bereskin & Parr						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN	D RESIDENCE DATA	тов	E PRINTED ON T	THE PATENT (print or ty	pe)				
PLEASE NOTE: Unle	ss an assignee is identi in 37 CFR 3.11. Com	fied be	slow, no assignee of this form is NO	data will appear on the p	atent. If an assign	ee is ic	lentified below, the do	cument has been filed for	
P.E.A.SE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
HYDROGENICS CORPORATION				Mississauga, CANADA					
Please check the appropria	te assignee category or	catego	ries (will not be pr	inted on the patent) :	Individual 🗷 Co	orporati	on or other private grou	ap entity Government	
				b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)					
				☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 022095 (enclose an extra copy of this form).					
				overpayment, to Depo	sit Account Numbe	022	095 (enclose an	extra copy of this form).	
 Change in Entity Statu a. Applicant claims 				☐ b. Applicant is no lon	ger claiming SMAI	L ENI	TTY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re-	Publication Fee of requestrated the	ired) v es Pate	vill not be accepted ent and Trademark	from anyone other than t Office.	he applicant; a regi	stered a	ttorney or agent; or the	assignee or other party in	
Authorized Signature	1 / X//L	ム			Date Octob				
Typed or printed name H. Samuel Frost				Registration No. 31,696					
This collection of informat an application. Confidentia submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 2231;	ion is required by 37 C. lity is governed by 35 application form to the is for reducing this bur ginia 22313-1450. DO 1-1450.	FR 1.3 U.S.C. USPT den, sh NOT	11. The informatio 122 and 37 CFR 1 O. Time will vary ould be sent to the SEND FEES OR C	n is required to obtain or r 1.14. This collection is est depending upon the indiv Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 m idual case. Any cor r, U.S. Patent and THIS ADDRESS	ne publ ninutes mment Tradem	to which is to file (and to complete, including s on the amount of tim ark Office, U.S. Depar TO: Commissioner fo	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE